

# James Valley DUI Court Participant Handbook



James Valley Drug Court  
200 E 4<sup>th</sup> Ave  
Mitchell, SD 57301  
605-995-8992

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## **Why DUI Court?**

In DUI court, I have a chance to stay in the community and receive treatment instead of going to prison.

## **What is DUI Court?**

DUI court participants go to treatment and to counseling as the court orders. By being in DUI court, I can change my life and make it better.

If I agree to DUI court, I will be sentenced to the program. During the time I am in DUI court, I will have to come to court each week, go to treatment, and do random drug testing. I will also go to support group meetings. DUI Court lasts at least 16 months.

## **You could be offered DUI court if you are:**

1. At least 18 years old
2. Facing felony charges
3. Agree to be in the program
4. Not a drug dealer, sex offender or violent offender
5. Drugs or alcohol use has made your life unmanageable
6. Willing to live within 24 miles of the Davison County Courthouse so that the team can supervise you

## **Who helps me get into DUI court?**

My attorney can help me decide if I should do DUI court. They can help me fill out an application.

## **What is a DUI court team and what happens at court?**

The DUI Court Team includes a judge, lawyers, probation officers, treatment people, program coordinator, and law enforcement. The Team will meet each week before court and talk about my case and how they can support me so I can succeed. The judge wants to know if I have been to all my treatment sessions, if I have had any positive UA's, if I have been going to work, and what I am working on in treatment. When I get to court, the judge will ask me about my week and I will tell the judge what has been happening. If I do well, the judge might give me an incentive. For the things I have not done well, the judge will give me a sanction. Sometimes the judge will instruct me to attend more treatment. At first, I will attend court each week. While I am there, I will encourage my fellow participants by clapping at their progress. Unless I have been given permission ahead of time, I will stay until DUI court is over.

## **How should I dress and act in court?**

I agree to dress appropriately for court. If I am coming from or going to work I can wear work attire. I will not wear clothing with drug or alcohol related themes, t-shirts with offensive statements, holey jeans or low cut/see-through tops or bottoms. I will act appropriately while at in the courthouse and during the court sessions. The following actions will not be allowed:

1. Violence or threats of any kind
2. Use and/or possession of drugs
3. Hostile behavior
4. Possession of any type of weapon
5. Inappropriate sexual behavior

### **Confidentiality**

When I go to court, the hearings are open to the public. To participate in DUI court, I must sign a release that says the DUI court team is able to share information about my progress during the team meetings. There is one exception to this rule pertaining to SDCL 26-8A-3 and 4, which requires reporting of any prior or current child neglect/ abuse.

### **What are my rights in DUI court?**

If I agree to participate in DUI court, I am agreeing to waive my right to usual court proceedings, such as questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial by jury or court. Your attorney can explain this in detail to you.

### **What are my goals while I am in DUI court?**

While I am in DUI court I agree to work on individual goals with my Court Service Officer. I am also required to work on general goals. Those goals are to learn to be alcohol and/or drug free, learn better life coping skills, adjust to an alcohol/drug free lifestyle, begin a non-criminal pattern of living, gain employment skills, attend support groups, work on social skills, self-esteem and self-motivation, build a relapse prevention program with my Chemical Dependency treatment counselor, learn budgeting skills and make payments on money owed to the court and others, and work on using my time more effectively.

### **What is random alcohol and drug testing?**

To make sure I stay sober, I will have to do random drug and alcohol testing, sometimes every day, sometimes more than once a day. If I fail a test, I may be taken into custody. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing prescription medications.

### **Will I be eligible for a work permit?**

I will only be allowed to obtain a work permit with the courts permission. I am expected to follow the rules and restrictions of the work permit. Failing to follow the rules and restrictions of my work permit my result in sanctions, such as:

- Loss of work permit
- Jail time
- New law violation
- Termination from the Program

\*You are also required to participate in the 24/7 Program as required by law.

## **Phases of DUI Court**

The Program consists of five (5) phases. Requirements of each phase are explained in detail below. You are required to submit a written application to the DUI Court Team in order to advance to the next phase or graduate. Program length may vary, but is no less than 16 months. Before graduating from the Program, you must complete a **Program Exit Survey**.

### **Phase 1**

- Minimum of **60 days**
- Minimum **14 days of continuous sobriety**
- Court weekly
- Engaged with treatment
  - Chemical Dependency Treatment
  - Mental Health Treatment
  - MAAEZ
- Comply with supervision
- Develop a case plan (with treatment and supervision)
- Weekly office visits
- Monthly home visits
- Random drug tests
- Daily alcohol testing
- Stable housing
- Obtain medical assessment
- Develop transportation plan
- Maintain employment (if possible)
- Start changing people, places and things
- Curfew 10:00 p.m.

*In order to advance to next phase:*

- Minimum of **60 days in phase 1**
- Minimum of **14 days of consecutive sobriety**
- Engaged in treatment
- Compliance with supervision
- Written application to advance to Phase 2

### **Phase 2**

- Minimum of **60 days**
- Minimum **30 days of continuous sobriety**
- Court weekly
- Engaged with treatment
  - Chemical Dependency Treatment
  - Mental Health Treatment

- Comply with supervision
- Review case plan
- Weekly office visits
- Monthly home visits
- Random drug tests
- Daily alcohol testing
- Begin peer recovery groups
- Follow transportation plan
- Maintain housing
- Maintain employment (if applicable)
- Develop financial plan
- Address medical
- Demonstrate changing people, places and things
- Curfew 10:00 p.m.

*In order to advance to next phase:*

- Minimum of **60 days in phase 2**
- Minimum of **30 days of consecutive sobriety**
- Engaged in treatment
- Compliance with supervision
- Written application to advance to Phase 3

### **Phase 3**

- Minimum of **120 days**
- Minimum **60 days of continuous sobriety**
- Court Bi-weekly
- Engaged with treatment
  - Chemical Dependency Treatment
  - Mental Health Treatment
- Comply with supervision
- Review case plan
- Monthly office visits
- Monthly home visits
- Daily alcohol testing
- Random drug tests
- Following transportation plan
- Begin criminal thinking program
- Maintain peer recovery groups
- Establish recovery network
- Establish pro-social activity
- Maintain stable housing
- Maintain employment (if applicable)
- Addressing financial plan
- Address medical

- Demonstrate changing people, places and things
- Curfew 11:00 p.m.

*In order to advance to next phase:*

- Minimum of **120 days in phase 3**
- Minimum of **60 days of consecutive sobriety**
- Engaged in treatment
- Compliance with supervision
- Establish pro-social activities
- Establish recovery network
- Maintain employment (if applicable)
- Maintain peer recovery groups
- Begin criminal thinking program
- Written application to advance to Phase 4

## **Phase 4**

- Minimum of **120 days**
- Minimum **60 days of continuous sobriety**
- Court bi-weekly
- Engaged with treatment
  - Chemical Dependency Treatment
  - Mental Health Treatment
- Comply with supervision
- Review case plan
- Monthly office visits
- Monthly home visits
- Random drug tests
- Daily alcohol testing
- Continue criminal thinking program
- Maintain peer recovery groups
- Maintain recovery network
- Maintain pro-social activity
- Maintain stable housing
- Addressing financial plan
- Address medical
- Address transportation license reinstatement
- Begin or maintain employment
- Begin vocational training or school
- Address support services (parenting, family support, etc.)
- Demonstrate changing people, places and things
- Curfew 11:00 p.m.

*In order to advance to next phase:*

- Minimum of **120 days in phase 4**

- Minimum of **60 days of consecutive sobriety**
- Engaged in treatment
- Compliance with supervision
- Engaged pro-social activities
- Engaged recovery network
- Maintain peer recovery groups
- Addressing/engaging employment, education, job training, etc.
- Continue criminal thinking program
- Address support services (parenting, family support, etc.)
- Written application to advance to Phase 5

## **Phase 5**

- Minimum of **120** days
- Minimum **60 days of continuous sobriety**
- Monthly court appearances
- Engaged with treatment
  - Chemical Dependency Treatment
  - Mental Health Treatment
- Comply with supervision
- Review case plan
- Monthly office visits
- Monthly home visits
- Random drug tests
- Random alcohol tests
- Complete criminal thinking program
- Develop continuing care plan
- Maintain peer recovery groups
- Maintain recovery network
- Maintain pro-social activity
- Maintain stable housing
- Addressing financial plan
- Address medical
- Address transportation license reinstatement
- Maintain employment
- Maintain vocational training or school
- Address support services (parenting, family support, etc.)
- Demonstrate changing people, places and things
- Curfew 12:00 a.m.

*In order to advance to next phase:*

- Minimum of **120 days in phase 5**
- Minimum of **60 days of consecutive sobriety**
- Engaged in treatment
- Compliance with supervision



- Maintain pro-social activities
- Maintain recovery network
- Maintain peer recovery groups
- Maintain employment, vocational training or school
- Address support services (parenting, family support, etc.)
- Explain continuing care plan
- Complete Exit Survey
- Written application to advance to Graduation

## How do I complete DUI court?

I am required to submit a written request to the DUI Court Team asking to graduate and explain all I have completed in the program. I will be in DUI court for at least sixteen (16) months and will have to do all of the following to graduate.

### Commencement Requirements

- Complete Phase 5
- Participated in Program for at least sixteen (16) months
- Minimum of 60 days continuous sobriety
- Maintain change in people, places and things
- Pay all fees on current Court File
- Pay all treatment related fees
- Employed or attending school
- Approved housing
- Complete Exit Survey

Upon successfully completion of all five (5) phases, upon meeting graduations requirements, and upon recommendation of the DUI Court Team, I will graduate from DUI Court. Graduation from DUI Court is recognized as a very important event. My loved ones and friends will be invited to join me at a special ceremony as the DUI Court Team congratulates me for successfully completing all phases of the DUI Court Program and achieving all the goals to establish a healthy lifestyle.

## Sober Days

Based on proven days of sobriety, I will earn sober days throughout the Program. A sober day is defined as a 24-hour period with no confirmed alcohol or drug use and no confirmed attempt to tamper or avoid monitoring. I will be tested randomly through PBT's and UA's to ensure sobriety.

A **failed** PBT, UA, or failure to appear for any drug or alcohol testing (including 24/7) will result in:

- **loss of all sober days.** The sober days will begin at day one when I test clean again.
- other sanctions as determined by DUI Court team.

Showing up **late to 24/7 testing** will result in the below sanctions:

- First violation: verbal warning
- Second violation: I will be held in jail for 12 hours
- Third violation: I will be held in jail for 24 hours

- Fourth or more violations: I will be held in jail for 48 hours

Showing up **late for UA testing** will result in the below sanctions:

- First violation: verbal warning
- Second violation: loss of all sober days I've earned while in your current phase
- Third violation: loss of all sober days I've earned while in the entire program and loss of current phase days

Failure to maintain contact (i.e. not answering the door during home visits) with the DUI Court Services Officer will be viewed as a non-documented day of sobriety and you may lose your sober days.

## What are incentives?

An incentive is an acknowledgement by the DUI Court Team that I have reached a milestone or have completed a goal towards my life in recovery.

### Some examples of expected behaviors and incentives:

Some examples of expected behaviors and incentives can include but are not limited to the following.

Expected behavior	Incentive
<ul style="list-style-type: none"> <li>✓ Honesty</li> <li>✓ Accomplishing goal</li> <li>✓ Positive attitude</li> <li>✓ Adjusting well to Program</li> <li>✓ Securing a sponsor</li> <li>✓ Avoiding temptation to relapse</li> <li>✓ Finding employment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Applause</li> <li>✓ Acknowledgement from the court</li> <li>✓ Gift card to local restaurant</li> <li>✓ Gas card</li> <li>✓ Movie pass</li> <li>✓ Progression in the Program/medal</li> <li>✓ Approved travel</li> </ul>

## What are sanctions?

Sanctions are given for not following the program. Not following the rules of the program is a violation. The DUI Court Judge and Team will decide sanctions based on any violations.

### Some examples of inappropriate behavior and sanctions:

Inappropriate behavior and sanctions can include but are not limited to the following:

Inappropriate Behavior	Possible Sanction
<ul style="list-style-type: none"> <li>✓ Dishonesty</li> <li>✓ Failure to maintain journal</li> <li>✓ Failure to attend AA meetings</li> <li>✓ Breaking curfew requirements</li> <li>✓ Reporting late to PBT or UA</li> <li>✓ Testing positive on PBT or UA</li> </ul>	<ul style="list-style-type: none"> <li>✓ Verbal reprimand</li> <li>✓ Written letter</li> <li>✓ Incarceration</li> <li>✓ Loss of sober days</li> <li>✓ House arrest</li> <li>✓ No phase progression</li> </ul>

## **What are therapeutic adjustments?**

A therapeutic adjustment is a change in my treatment plan.

### **Some examples of Therapeutic Adjustments:**

Therapeutic adjustments can include but are not limited to the following:

- Increased self-help meetings
- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Evaluation of possible medication

## **What happens if I fail to follow the rules of the program?**

When I fail to show up, try, and be honest and not follow the rules of the program, I can be terminated or fail DUI court.

### **Some examples of reasons to terminate are:**

Reasons to be terminated can include, but are not limited to the following:

- Concern for public safety
- Threat to the integrity of the program
- Available treatment options have been exhausted, and the participant is no longer working towards recovery
- Violating rules of the DUI Court
- Commission of a crime
- Failure to attend DUI Court hearings
- Abandonment of treatment program
- Evidence that participant is involved with drug dealing or driving while under the influence
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Inability to pass required drug/alcohol screening tests for any reason
- Failure to make satisfactory progress
- Any other grounds that the DUI Court Team finds sufficient for termination

### **Process for Termination**

1. Any member of the DUI Court Team makes a motion for termination
2. Court Services Officer will provide me with a written notice of the motion. The motion will explain the reasons for the motion.
3. The Judge will advise me of my due process rights, the potential penalty of termination from DUI Court, and that termination from the DUI Court may be used as grounds to revoke a suspended prison sentence.

4. I will be offered the chance to be represented by a lawyer for the DUI Court termination process. I can either hire my own lawyer or ask for court-appointed counsel.
5. I will be asked to either admit or deny the allegations that led to the motion to terminate.
6. If I deny allegations I will receive an immediate hearing where I can present any evidence or comments to the Court and Team.
7. If I admit or the Court finds I committed the alleged violations, I will have a chance to address the Court and the Team as to whether I should be terminated from the program.
8. After the Court session, the DUI Court Team will meet to discuss termination.
9. The Judge, after consulting with the Team, will make the final decision as to whether I am terminated from the program.
10. If I am terminated, the Judge will advise me of my rights concerning potential probation revocation and appoint me an attorney.
11. If I am terminated, I will be required to participate in an exit interview.

## Voluntary Removal

I may request to be removed from the DUI Court Program. Before I make a request, I should visit with an attorney. If I have absconded or have run off from court services supervision while in the DUI Court Program, I will be considered to have voluntarily removed myself.

## Fees

### Court Related Fees

While I am in DUI Court, I must make payments for court fees. This can include the following:

- Child support
- Restitution
- Crime Victim Fund
- Public Defender fees
- Court fines

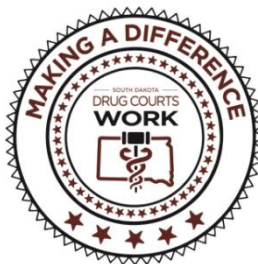
I will work with my probation officer to set up a payment plan.

### Program Related Fees

I may be required to pay for testing, monitoring, and treatment while in the program, which may include:

- UA's
- 24/7 Program
- SCRAM
- Interlock
- Treatment

## DUI Court Application



### Application Process

1. Read through the Participant Manual with defense attorney.
2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the DUI Court Office in the Davison County Court House.
3. **Once application is received** by the DUI Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
  - ☐ The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)
  - ☐ You will need to contact Stepping Stones, 605-995-8180, to schedule a Treatment Needs Assessment

\*Your attorney will receive written notification of acceptance or denial into the program.

4. If you are accepted into the program, you must complete the following forms, which are included in the Participant Handbook.
  - ☐ DUI Court Publicity Consent Form
  - ☐ DUI Court Treatment Program Basic Understanding, Waivers and Agreements
  - ☐ DUI Court Participant Manual Receipt and Acknowledgement



## Unified Judicial System

# Application to James Valley Drug & DUI Court Program

## First Judicial Circuit

Date of Application	Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:
Name		Alias
Race	Sex	Date of Birth
Current Address (Street)		Telephone Number Cell Phone Number
City	State	Zip Other States Lived in:
How Long at this Address?	Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		State ID Number
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Dependents
<b>Significant Other</b>		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?
<b>Other Members of Household</b>		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?
Next of Kin	Relationship	Telephone Number
Current Employer	Monthly Income	Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Drug of Choice	
Primary Care Provider/Physician		

Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Mental Health Diagnoses		List Medications	
Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date
Highest Grade Completed		GED <input type="checkbox"/> Graduation <input type="checkbox"/>	
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Have you ever been sentenced to drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Defense Attorney Name		Telephone Number	
<b>"The defendant consents to the disclosure of DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the DUI Court Program."</b>			
_____ Defense Attorney Signature      Date		_____ Applicant Signature      Date	

## **CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION**

I, \_\_\_\_\_, having agreed to enroll and participate in the Adult Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, \_\_\_\_\_, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records that are deemed necessary for Drug Court purposes concerning Case No(s). \_\_\_\_\_. I also consent to the disclosure of on-going communications about my diagnosis, prognosis, and compliance status, which includes, but is not limited to, the following:

- Assessment results pertaining to Drug Court eligibility, treatment needs, and supervision needs;
- Attendance at scheduled appointments;
- Attendance at support group meetings;
- Drug and alcohol test results, including efforts to defraud or invalidate drug or alcohol tests;
- Attainment of treatment plan goals, such as completion of a required counseling regimen;
- Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of Drug Court phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior with staff members, fellow Participants or other persons.

These communications may be disclosed among the following parties or agencies involved in the Drug Court Program: the Drug Court judge, the Drug Court team members, the employees engaged in the Drug Court operations and administration, court services officers in the Drug Court Program, treatment providers utilized by me during the Drug Court Program, the Drug Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult Drug Court Program.

I understand that the purpose of and the need for this disclosure is to: inform the court and the other above-specified agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of the program; to discuss and assess my status as a Participant in the Drug Court Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as



defined by the Drug Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Drug Court team.

I further understand that as an essential component of the Drug Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results of urinalysis or other drug testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of the Program as defined by the Court. It is entirely possible that third parties will attend these court sessions and will hear these discussions. This process will require the redisclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential redisclosure to third persons who may be in attendance at any of my Drug Court sessions.**

I further understand that if I re-disclose confidential information of any other Participant to another party, I expose myself to legal liability for unauthorized disclosure of confidential information.

Recipients of this confidential information may re-disclose it only in connection with their official duties. **I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.**

\_\_\_\_\_  
Drug Court Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## Drug Court Publicity Consent Form

I hereby consent to and authorize the use, publication and reproduction of all media by the Drug Court or anyone it authorizes, for all photographs/video taken of me, with or without names as the case may be, for any editorial, promotional, advertising, educational or other purpose.

I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials for Drug Courts. I hereby release the Drug Court, its staff, and employees, or anyone it authorizes, from all claims relating to or arising from the uses consented above.

I am over eighteen years of age, have read this consent and release, or have had it read and explained to me, fully understand its contents, and enter into it voluntarily and without coercion.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

**I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.**

Signature \_\_\_\_\_

**James Valley Drug & DUI Court**  
**TREATMENT PROGRAM BASIC UNDERSTANDING,**  
**WAIVERS AND AGREEMENTS**

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Defendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

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**I UNDERSTAND THAT:**

As a condition for participation in the Drug Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Drug Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug Court Judge, the State's Attorney's Office, the Defense Attorney on the Drug Court Team, the Court Service Officer(s), the Drug Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Drug Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Drug Court Program. (\_\_\_\_)
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Drug Treatment Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Drug Court Team. The Team and Court may consider any such information in deciding whether I remain in the Drug Court Treatment Program. (\_\_\_\_)
3. **STATUS OF PROGRAM:** I have no legal right to participate in the Drug Court Treatment Program, and my acceptance and participation is a privilege. I may be excluded or terminated from the Program at any time. (\_\_\_\_)
4. **PROGRAM LENGTH:** The length of the Program varies, with the minimum time to complete all levels of programming being one (1) year. Average program length is 12 to 24 months, depending on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of Drug Court, I may be ordered to complete the remainder of my probation period on standard probation. (\_\_\_\_)
5. **GENERAL REQUIREMENTS:** I must attend all Drug Court sessions, attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation in the Program, fines, my Court Appointed Attorneys Fees, and any other related costs. I must

make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet. (\_\_\_\_)

6. **INDIVIDUALIZED TREATMENT PLANS:** The Clinician I am assigned to will set my individual treatment plan requirements, which will then be reviewed by the Drug Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. (\_\_\_\_)
7. **COMMUNITY SUPPORT GROUP MEETINGS:** You will be required to attend community support group meetings as part of your treatment plan. The Drug Court may provide secular group alternatives if you so choose. Your choice of community support group is voluntary, although you must choose one of the possible alternatives given by the Drug Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Drug Court Team must first approve the change. Your attendance at group meetings will be recorded, and you will be subject to sanctions for not attending. (\_\_\_\_)
8. **TERMINATION:** I can quit the Program at any time but I must meet with the Drug Court Judge and Team to discuss my reasons for this decision and they may delay my withdrawal from the Program for a reasonable amount of time to make sure my decision is firm. If I voluntarily terminate myself from the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to revocation of my suspended sentence. (\_\_\_\_)
9. **FEES:** I will have to pay for some components of the Program, such as:
  - A. Drug Testing;
  - B. Ankle Bracelet Monitoring System;
  - C. Treatment/Counseling;
  - D. 24/7 Sobriety Program.Money I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back. (\_\_\_\_)
10. **SANCTIONS:** If I do not fully comply with the Program, the Judge may impose sanctions at his/her sole discretion. Additionally, my Court Service Officer(s) (CSO) may impose administrative sanctions. As a condition of my participation in the Drug Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of most sanctions. I do have the right to a Hearing to contest sanctions that may result in a loss of liberty, including jail sanctions. The Judge may also terminate me from the program. (\_\_\_\_)
11. **COMMISSION OF A CRIMINAL OFFENSE:** If I commit an additional criminal offense, excluding minor traffic offenses, I may be terminated from the Program. (\_\_\_\_)
12. **COURT PROCEEDINGS:** The Drug Court proceedings will be informal and performed in open Court. Clothing bearing drug or alcohol related themes, or promoting alcohol or drug use is not allowed. (\_\_\_\_)
13. **SEARCHES:**
  - A. I will submit to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I am aware that law enforcement,

under the direction of the CSO, will be included in the above random searches as part of my participation in the Program. (\_\_\_\_)

- B. I will be subject to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions. (\_\_\_\_)
14. ATTORNEY: Drug Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I understand that the attorney who represented me in the criminal case does not represent me in Drug Court, and the defense attorney who participates in the Drug Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in drug court). If the attorney who represents me in the criminal case is the same attorney who participates in the Drug Court, I waive any claim of conflict that might otherwise arise if that attorney is required to later represent me in court proceedings (for example, if I am terminated from the Drug Court Program). (\_\_\_\_)
15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Drug Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Drug Court Judge about me, my progress in the Program, and any problems that I might be having. The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the Program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Drug Court Judge. (\_\_\_\_)
16. WAIVER OF PRIVACY: Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. I understand and agree that these things may be discussed in open Drug Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information. (\_\_\_\_)
17. DUTY TO NOTIFY: I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service Officer(s) (CSO) immediately after any law enforcement contact. (\_\_\_\_)
18. CONTACT WITH LAW ENFORCEMENT: I must obey all laws, and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination from the Program. (\_\_\_\_)
19. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Drug Court Program. I also understand that I cannot use or possess marijuana, K2 or like

substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Drug Court Program. (\_\_\_\_)

20. **MEDICATIONS:** I understand that I will be required to provide frequent and random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Drug Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and my Court Service Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Drug Court Program. (\_\_\_\_)
21. **DRUG TESTING:** I understand that results of my tests shall be admissible as evidence in the Drug Court. (\_\_\_\_)
22. **MEDICAL NEEDS:** I, unless authorized by the Drug Court Team, will have only one doctor meeting my primary health needs. All appointments must be scheduled with that doctor or medical professional with the knowledge and permission of the Drug Court Team or my CSO, including emergent needs. (\_\_\_\_)
23. **ALCOHOL/DRUG TREATMENT AND COUNSELING:** I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (\_\_\_\_)
24. **HOUSING:** I understand that stable housing is necessary for my recovery and must be approved by the Drug Court Team. I agree to comply with their recommendations and restrictions. (\_\_\_\_)
25. **EMPLOYMENT/EDUCATION/JOB TRAINING:** I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (\_\_\_\_)
26. **GAMBLING:** I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer. (\_\_\_\_)
27. **CURFEW:** I agree to abide by a curfew as determined by the Drug Court Team. The curfew will have a beginning time when I am to be home and an ending time when I may leave. During my curfew, I may be on my property, as long as I am able to hear and get to the telephone. (\_\_\_\_)
28. **FREE, VOLUNTARY, KNOWING AGREEMENT:** My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Drug Court Team before agreeing to enter into the Program. I am satisfied that I understand how the Program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Drug Court Treatment Program as established by the Court and the Treatment Provider. (\_\_\_\_)

29. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes, including sanctions. (\_\_\_\_)
30. I hereby consent to the disclosure of DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the DUI Court Program. (\_\_\_\_)

**I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.**

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE



## **DUI Court Participant Manual Receipt and Acknowledgement**

I, \_\_\_\_\_, acknowledge receipt of the DUI Court Participant Manual. I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_